

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009919 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			/				51					
2				/			52					
3					/		53					
4					/		54					
5							55					
6			/				56					
7				/			57					
8					/		58					
9							59					
10					/		60					
11					/		61					
12							62					
13					/		63					
14							64					
15							65					
16							66					
17					/		67					
18							68					
19							69					
20							70					
21			/				71					
22				/			72					
23					/		73					
24					/		74					
25							75					
26			/				76					
27					/		77					
28							78					
29							79					
30					/		80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43			/				93					
44							94					
45							95					
46			/				96					
47							97					
48							98					
49							99					
50							100					
TOTAL D.							TOTAL IND.					
TOTAL D.							TOTAL DEP.					
TOTAL AIMS							TOTAL CLAIMS					